Michigan Department of Agriculture/Pesti	cide & Pest Mana	gement Division
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County Name	County Coordinator

# 2005 GYPSY MOTH PERCEPTION SURVEY COUNTY SUMMARY WORK SHEET FORM AND SUBMISSION OF GRAND TOTAL TO MI DEPARTMENT OF AGRICULTURE

County Block Number									
Total(s)	Total	GRAND TOTALS (for MDA)							
A. NUMBER OF SURVEYS SENT TO RESIDENTS.									A.
B. NUMBER OF SURVEYS RETURNED.									В.
C. NUMBER OF FOLLOW-UP LETTERS SENT.									C.
D. NUMBER OF SURVEYS RETURNED DUE TO FOLLOW-UP LETTERS.									D.

## 1. WHY DID YOU CHOOSE TO PARTICIPATE IN THE GYPSY MOTH SUPPRESSION PROGRAM?

1-a. Protect trees on my property.					1-a
1-b. Stop gypsy moth spread in the area.					1-b.
1-c. Neighbors were participating.					1-c.
1-d. Reduce number of caterpillars.					1-d.
1-e. Other.					1-e.

#### 2. TO WHAT DEGREE WAS THE GYPSY MOTH PROBLEM ON YOUR PROPERTY?

## a. Last Year

2-a-1. High.					2-a-1.
2-a-2. Moderate.					2-a-2.
2-a-3. Low.					2-a-3.
2-a-4. Do not know.					2-a-4.

#### b. This Year

2-b-1. High.					2-b-1.
2-b-2. Moderate.					2-b-2.
2-b-3. Low.					2-b-3.
2-b-4. Do not know.					2-b-4.

County Block Number									
Total(s)	Total	Total	Total	Total	Total	Total	Total	Total	GRAND TOTAL (for MDA)
3-a. Viral Pesticide (GYPchek).									3-a.
3-b. Synthetic Pesticide									3-b.
3-c. Bacterial Pesticide (Bt).									3-c.
3-d. Do not know.									3-d.
3-e. Other									3-e.
INDICATE YOUR LEVEL OF SATIS FOLIAGE.  4-a. Highly Satisfied	FACTION	N WIIF	HOW	WEL	L THE	PRO	GRAM	PRO	4-a.
4-b. Acceptable.									4-b.
4-c. Not Satisfied.									4-c.
4-d. Do not know.									4-d.
5-b. Acceptable. 5-c. Not Satisfied.									5-b. 5-c.
5-c. Not Satisfied. 5-d. Do not know.									5-c.
5-c. Not Satisfied.  5-d. Do not know.  a. WOULD YOU PARTICIPATE IN	THE PRO	OGRAN	/ AGA	IN?					5-c. 5-d.
5-c. Not Satisfied.  5-d. Do not know.  a. WOULD YOU PARTICIPATE IN 6-a. YES		OGRAN	/ AGA	IN?					5-c.
5-c. Not Satisfied. 5-d. Do not know.  a. WOULD YOU PARTICIPATE IN 6-a. YES  WHY WOULD YOU PARTICIPATE		OGRAN	I AGA	IN?					5-c. 5-d.
5-c. Not Satisfied.  5-d. Do not know.  a. WOULD YOU PARTICIPATE IN 6-a. YES  WHY WOULD YOU PARTICIPATE  6-a-1. Spray was effective.  6-a-2. To prevent future gypsy moth		OGRAN	/ AGA	IN?					5-c. 5-d. 6-a.
5-c. Not Satisfied.  5-d. Do not know.  a. WOULD YOU PARTICIPATE IN 6-a. YES  WHY WOULD YOU PARTICIPATE  6-a-1. Spray was effective.  6-a-2. To prevent future gypsy moth infestations		OGRAN	/ AGA	IN?					5-c. 5-d. 6-a.
5-c. Not Satisfied.  5-d. Do not know.  a. WOULD YOU PARTICIPATE IN 6-a. YES  WHY WOULD YOU PARTICIPATE  6-a-1. Spray was effective.  6-a-2. To prevent future gypsy moth		DGRAM	/ AGA	IN?					5-c. 5-d. 6-a. 6-a-1. 6-a-2.
5-c. Not Satisfied.  5-d. Do not know.  a. WOULD YOU PARTICIPATE IN 6-a. YES  WHY WOULD YOU PARTICIPATE  6-a-1. Spray was effective.  6-a-2. To prevent future gypsy moth infestations  6-a-3. Addition spraying is needed.		DGRAM	/ AGA	IN?					5-c. 5-d. 6-a. 6-a-1. 6-a-2. 6-a-3.
5-c. Not Satisfied.  5-d. Do not know.  a. WOULD YOU PARTICIPATE IN 6-a. YES  WHY WOULD YOU PARTICIPATE  6-a-1. Spray was effective.  6-a-2. To prevent future gypsy moth infestations  6-a-3. Addition spraying is needed.  6-a-4. Program was worth the cost.  6-a-5. Other	AGAIN?								5-c. 5-d. 6-a. 6-a-1. 6-a-2. 6-a-3.
5-c. Not Satisfied.  5-d. Do not know.  a. WOULD YOU PARTICIPATE IN 6-a. YES  WHY WOULD YOU PARTICIPATE 6-a-1. Spray was effective. 6-a-2. To prevent future gypsy moth infestations 6-a-3. Addition spraying is needed. 6-a-4. Program was worth the cost. 6-a-5. Other	AGAIN?								5-c. 5-d. 6-a. 6-a-1. 6-a-2. 6-a-3. 6-a-4. 6-a-5.
5-c. Not Satisfied.  5-d. Do not know.  a. WOULD YOU PARTICIPATE IN 6-a. YES  WHY WOULD YOU PARTICIPATE 6-a-1. Spray was effective. 6-a-2. To prevent future gypsy moth infestations 6-a-3. Addition spraying is needed. 6-a-4. Program was worth the cost. 6-a-5. Other  b. WOULD YOU PARTICIPATE IN 6-b. NO	AGAIN?	OGRAN							5-c. 5-d. 6-a. 6-a-1. 6-a-2. 6-a-3. 6-a-4.
5-c. Not Satisfied.  5-d. Do not know.  a. WOULD YOU PARTICIPATE IN 6-a. YES  WHY WOULD YOU PARTICIPATE 6-a-1. Spray was effective. 6-a-2. To prevent future gypsy moth infestations 6-a-3. Addition spraying is needed. 6-a-4. Program was worth the cost. 6-a-5. Other  b. WOULD YOU PARTICIPATE IN 6-b. NO  WHY WOULDN'T YOU PARTICIPA	AGAIN?	OGRAN							5-c. 5-d. 6-a. 6-a-1. 6-a-2. 6-a-3. 6-a-4. 6-a-5.
5-c. Not Satisfied.  5-d. Do not know.  a. WOULD YOU PARTICIPATE IN 6-a. YES  WHY WOULD YOU PARTICIPATE 6-a-1. Spray was effective. 6-a-2. To prevent future gypsy moth infestations 6-a-3. Addition spraying is needed. 6-a-4. Program was worth the cost. 6-a-5. Other  b. WOULD YOU PARTICIPATE IN 6-b. NO  WHY WOULDN'T YOU PARTICIPA 6-b-1. Spray did not work.	AGAIN?	OGRAN							5-c. 5-d.  6-a.  6-a-1. 6-a-2. 6-a-3. 6-a-4. 6-a-5.
5-c. Not Satisfied.  5-d. Do not know.  a. WOULD YOU PARTICIPATE IN 6-a. YES  WHY WOULD YOU PARTICIPATE 6-a-1. Spray was effective. 6-a-2. To prevent future gypsy moth infestations 6-a-3. Addition spraying is needed. 6-a-4. Program was worth the cost. 6-a-5. Other  b. WOULD YOU PARTICIPATE IN 6-b. NO  WHY WOULDN'T YOU PARTICIPA	AGAIN?	OGRAN							5-c. 5-d. 6-a. 6-a-1. 6-a-2. 6-a-3. 6-a-4. 6-a-5.

County Block Number									
Total(s)	Total	Total	Total	Total	Total	Total	Total	Total	GRAND TOTALS (for MDA)
7-a. YES									7-a.
7-b. NO									7.b.
7-c. NAME OF ORGANIZATION	7.c.	•	•						
HOW DO GYPSY MOTH DAMAG	GE TREES?								
8-a. Eating leaves.									8-a.
8-b. Chewing on branches.									8-b.
8-c. Destroying bark.									8-c.
8-d. Do not know.									8-d.
9-b. Moth.									9-b.
AT WHAT STAGE DOES THE G	YPSY MOTH	I CAU	SE TH	Е МО	ST DA	MAGE	то т	REES	?
9-a. Caterpillar.									9-a.
9-c. Do not know.									9-c.
WHICH SEX OF GYPSY MOTH (10-a. Male Only.  10-b. Female Only.	CAN FLY?								10-a. 10-b.
-									10.0
10-c. Both (male/female)									10-c.
10-c. Both (male/female) 10-d. Do not know.									10-d.
10-d. Do not know.  ERSONAL INFORMATION  ARE YOU:									10-d.
10-d. Do not know.  ERSONAL INFORMATION  ARE YOU:  11-a. Female.									10-d.
10-d. Do not know.  ERSONAL INFORMATION  ARE YOU:  11-a. Female.  11-b. Male.									10-d.
10-d. Do not know.  ERSONAL INFORMATION  ARE YOU:  11-a. Female.  11-b. Male.  HOW OLD ARE YOU?  12-a. 18-25  12-b. 26-35									10-d. 11-a. 11-b. 12-a. 12-b.
10-d. Do not know.  ERSONAL INFORMATION  ARE YOU:  11-a. Female.  11-b. Male.  HOW OLD ARE YOU?  12-a. 18-25  12-b. 26-35  12-c. 36-45									10-d.  11-a. 11-b.  12-a. 12-b. 12-c.
10-d. Do not know.  ERSONAL INFORMATION  ARE YOU: 11-a. Female. 11-b. Male.  HOW OLD ARE YOU?  12-a. 18-25 12-b. 26-35 12-c. 36-45 12-d. 46-55									10-d.  11-a. 11-b.  12-a. 12-b. 12-c. 12-d.
10-d. Do not know.  ERSONAL INFORMATION  ARE YOU:  11-a. Female.  11-b. Male.  HOW OLD ARE YOU?  12-a. 18-25  12-b. 26-35  12-c. 36-45									10-d.  11-a. 11-b.  12-a. 12-b. 12-c.

# 13. IS THE PROPERTY THAT WAS SPRAYED FOR THE GYPSY MOTH YOUR PERMANENT LEGAL RESIDENCE?

County Block Number									
Total(s)	Total	GRAND TOTALS (for MDA)							
13-a. YES									13-a.
13-b. NO									13-b.

## 14. HOW MANY YEARS HAVE YOU OWNED THE PROPERTY THAT WAS SPRAYED?

14-a. 1 Year or less					14-a.
14-b. 1-5 Years					14-b.
14-c. 6-10 Years					14-c.
14-d. 11-20 Years					14-d.
14-e. 20 or more Years					14-e.

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#### RECEIVE INFORMATION ABOUT THE GYPSY MOTH.

NAME	TYPE OF INFO TO RECEIVE	ADDRESS	CITY	STATE	ZIP CODE
1)					
2)					
3)					
4)					
5)					
6)					
7)					
8)					
9)					
10)					
11)					
12)					
13)					